

# **Defining Excellence:**

# **VHA Strategic Plan**

## **FY 2012-2016**



**VA**  
**HEALTH**  
**CARE**

Defining  
**EXCELLENCE**  
in the 21st Century

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## **Message from the Under Secretary for Health**

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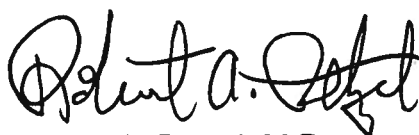
It is a great pleasure to present to you “Defining Excellence,” the strategic plan for the Veterans Health Administration (VHA) for 2012-2016. I am proud to say that this document represents a great deal of thought and hard work by many of VHA's best and brightest, and I am confident it will continue our proud tradition while it moves us toward an even better future.

As you read the plan, you may recall how VHA transformed itself from a hospital-based system in the early 1990s into a recognized leader in providing high-quality and cost-effective health care. Today, VHA has the world's most sophisticated electronic medical records system, innovative programs in mental health, primary care, and specialty care, outstanding patient satisfaction and modern technology that enables it to expand care into rural areas.

Of course, we must be prepared to meet new challenges if we are to maintain our progress and ensure that Veterans receive the superior health care they have earned through their service to our country. Among those challenges are changing Veteran demographics. In the years ahead, we will serve a growing number of women Veterans, a new generation of Veterans from the current conflicts and the number of older Veterans will continue to increase.

You will see that in developing this plan we have drawn on successful strategies of the past as well as new, forward-looking initiatives. For example, VHA will look to decrease health-care associated complications, strengthen our emergency preparedness training, enhance education and ensure we have a highly qualified and engaged workforce.

Whether you are a VHA employee or one of our many valued stakeholders, I hope you find this plan as exciting as I do. Working together, we can and will make VHA an even greater success than it has been to date. Thank you for your ongoing support of VHA and your support of America's Veterans.



Robert A. Petzel, M.D.  
Under Secretary for Health

## **Introduction: Veterans Deserve the Best**

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The U.S. Department of Veterans Affairs (VA) has the great privilege and responsibility, in President Lincoln's words, of caring "for him who shall have borne the battle and for his widow, and his orphan." In recognition of the debt owed to the men and women who have served in our Nation's military, and their families, the Veterans Health Administration (VHA) strives to provide Veterans with "the best care anywhere."<sup>1</sup>

To accomplish this, VHA must be a comprehensive, integrated system that provides excellence in health care value, excellence in service as defined by its customers, and excellence in education and research. Furthermore, VHA must be an employer of choice and an organization characterized by exceptional accountability and integrity.

Over the past 15 years, VHA has made a profound transformation, evolving from an organization disparaged as an inefficient bureaucracy to one that is a recognized leader in providing high quality and cost effective health care. More importantly, Veteran satisfaction with VA health care has vastly improved.

Today, VHA is the Nation's largest integrated health care system, with more than 8 million Veteran enrollees. To continue to fulfill its mission, however, VHA must continue to look forward and transform itself into the health care system of the future.

New challenges have arisen and will continue to arise. For example, today's Veterans—especially the younger ones—are accustomed to easier access to information. They expect a health care system that provides all they need, conveniently, expediently, and efficiently. In response, we must adapt our approaches to care with initiatives such as our Patient Aligned Care Teams.

This plan will guide VHA as we move forward in our efforts to provide Veterans with the best in health care. It plots our course, and it also will serve as a reminder of our complete commitment to the Veterans who have given so much of themselves. It is our pledge to honoring our debt to them.

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<sup>1</sup> As noted by Phillip Longman; "Best Care Anywhere: Why VA Health Care is Better Than Yours"

## **VA Core Values (I CARE)**

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**Integrity** - Act with high moral principle. Adhere to the highest professional standards. Maintain the trust and confidence of all with whom I engage.

**Commitment** - Work diligently to serve Veterans and other beneficiaries. Be driven by an earnest belief in VA's mission. Fulfill my individual responsibilities and organizational responsibilities.

**Advocacy** - Be truly Veteran-centric by identifying, fully considering, and appropriately advancing the interests of Veterans and other beneficiaries.

**Respect** - Treat all those I serve and with whom I work with dignity and respect. Show respect to earn it.

**Excellence** - Strive for the highest quality and continuous improvement. Be thoughtful and decisive in leadership, accountable for my actions, willing to admit mistakes, and rigorous in correcting them.

## **VA Core Characteristics**

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**Trustworthy** – VA earns the trust of those it serves – every day –through the actions of all employees. They provide care, benefits, and services with compassion, dependability, effectiveness and transparency.

**Accessible** – VA engages and welcomes Veterans and other beneficiaries, facilitating their use of the entire array of its services. Each interaction will be positive and productive.

**Quality** – VA provides the highest standard of care and services to Veterans and beneficiaries while managing the cost of its programs and being efficient stewards of all resources entrusted to it by the American people. VA is a model of unrivaled excellence due to employees who are empowered, trusted by their leaders, and respected for their competence and dedication.

**Innovative** – VA prizes curiosity and initiative, encourages creative contributions from all employees, seeks continuous improvement, and adapts to remain at the forefront in knowledge, proficiency and capability to deliver the highest standard of care and services to all of the people it services.

**Agile** – VA anticipates and adapts quickly to current challenges and new requirements by continuously assessing the environment in which it operates and devising solutions to better serve Veterans, other beneficiaries, and Service members.

**Integrated** – VA links care and services across the Department; other federal, state, and local agencies; partners; and Veterans Service Organizations to provide useful and understandable programs to Veterans and other beneficiaries. VA's relationship with the Department of Defense is unique, and VA will nurture it for the benefit of Veterans and Service members.

## **VHA Mission and Vision**

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### **Mission**

Honor America's Veterans by providing exceptional health care that improves their health and well-being.

### **Vision**

VHA will continue to be the benchmark of excellence and value in health care and benefits by providing exemplary services that are both patient centered and evidence based. This care will be delivered by engaged, collaborative teams in an integrated environment that supports learning, discovery, and continuous improvement. It will emphasize prevention and population health and contribute to the Nation's well being through education, research, and service in National emergencies.

## **A Vision for VHA: Where We Are Going**

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America's Veterans proudly wore the uniform. They raised their right hands and swore to defend the country. They served . . . and they deserve the best care anywhere. Through such innovations as integrated regional networks (VISNs), electronic medical records and health informatics, universal primary care and performance measures, VHA has already demonstrated how health care can and should be delivered. However to meet its mission of providing exceptional care that improves the health and well being of Veterans, VHA must continue to transform itself and become the health care system of the future. It must create and deliver health care value to America's Veterans, which means the provision of timely, accessible, effective health care and benefits in a way that is cost effective and highly satisfying to Veterans.

To do this VHA will embrace patient-centered care, designing its services around the needs, values and preferences of Veterans and their families. VHA will become Veterans preferred provider of health care services. Specifically, VHA will:

- Seek and respond to patient values and preferences in medical decisions and actively involve patients and families in the Veterans' health care;
- Create a culture where Veterans feel they and their families are treated with compassion and respect;
- Create an environment that is safe, comfortable and supportive of healing;
- Ensure easy communication with Veterans by implementing exceptional telephone service as well as secure messaging and other electronic means of communication, appealing to the new generation of Veterans;
- Make services as convenient and accessible as possible, providing services through telehealth and home care, in local primary care clinics and regional specialty care sites supported by well designed transportation systems;
- Steadily improve coordination and continuity of care across different sites and levels of care so patients and families feel that VHA is truly a single integrated health care system;
- Develop systems to ensure its research efforts are closely aligned with the unique needs of Veterans, particularly those related to their military service; and
- Invest in the development and testing of innovative educational programs to better align the present and future workforce with Veterans' needs.



In this effort, VHA will become a system where teams are the means for providing care and services. We will invest in the knowledge, skills, and abilities of all employees including clinical and support personnel. To do this, teams will:

- Map processes and define the roles and responsibilities of each team member;
- Be trained and become proficient in team skills;
- Develop a strong culture of civility, respect, trust, and integrity, and provide each member opportunities to shape how work is done;
- View patients, families and internal customers as members of the team and actively seek their input; and
- Work collaboratively with other teams to ensure that care and services are highly coordinated.

VHA will also strengthen its commitment to continuous improvement as a core operating principle. It will:

- Involve all levels of the organization from each employee to national programs in improvement efforts, understanding that “improving our work is our work”;
- Utilize a common language and well-designed set of improvement tools;
- Provide time, training and access to experts for improvement work;
- Bring the knowledge and skills of systems engineering to bear on all elements of the operation;
- Create a new paradigm of leaders as improvement experts and skilled sponsors of improvement efforts;
- Ensure that continuous improvement efforts lead to results for immediate and long-term health outcomes; and
- Promote a culture where every employee takes responsibility for the quality of care.

It will consistently provide the highest quality care to all Veterans using a data-driven, evidence based approach. It will:

- Use sound measurement and careful analysis to identify successful practices and then methodically implement them across the organization;
- Ensure high reliability in delivering evidence-based care;
- Develop valid, useful metrics that cover all domains of health care quality including effectiveness, safety, timeliness, patient-centeredness, cost effectiveness and equity;

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- Provide performance data down to the team and practitioner level; and
- Emphasize transparency and publicly report its performance, comparing itself to others whenever possible.

VHA will have a strong focus on health promotion, disease prevention and population health. These are not only the cornerstone of good medical care but also reduce the higher cost of treating disease. It will:

- Assist veterans in achieving health life styles;
- Focus on reducing health risks;
- Develop a system of that measures health outcomes for both individual Veterans and the Veteran community; and
- Develop systems to improve the health of the Veteran community, concentrating on those areas where supports outside VA are limited.

It will create health care value by reducing cost while maintaining and improving quality. It will:

- Reduce wasteful variation in clinical delivery, business processes, and organizational structures;
- Utilize skills of all staff to the full extent of their training and professional licensure;
- Use specialty care effectively; and
- Reduce costs by leveraging health informatics to decrease medical errors and improving staff productivity.

In this way VHA will contribute to the transformation of the VA to better serve the Veterans of the 21<sup>st</sup> Century. It will be people centric, delivering compassionate, patient-centered care and becoming a workplace where employees find value by contributing to an important mission. It will be results oriented, emphasizing comprehensive measurement and benchmark performance. Finally VHA will be forward looking, creating examples for the Nation of what health care can and should become.

## **Key Drivers in VHA Health Care**

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In the 1990's, VHA and the rest of the health care industry in America made a dramatic transformation from hospital-centered care to a system emphasizing primary care and aligned specialty care. Private health care providers everywhere realigned, restructured, and reduced costs to improve their competitive position.

As a public system, VHA also faced increased demands for accountability, more readily demonstrable effectiveness, and greater efficiency. At the same time, it maintained its missions of health professions education, research, and emergency preparedness, focusing on performance outcomes, such as better access, higher levels of customer satisfaction, and improved functional status of the patient.

As a result, VHA is a recognized leader in providing high-quality and cost-effective health care. As a system, VHA has been able to implement new technology and treatment modalities that have vastly improved efficiency and effectiveness of patient care. Among its many accomplishments, VHA:

- Is in the forefront of national health care delivery.
- Has the highest quality standards and evidence-based measurements.
- Is advanced in our investment in health care information technology.
- Has the most sophisticated electronic medical records system in the country.
- Is a leader in safety and transparency.
- Offers cutting-edge programs in vitally important areas of care, such as mental health and suicide prevention.
- Has outstanding patient satisfaction scores.
- Continuously improves its care management.
- Has expanded health care to rural areas through tele-medicine and tele-home health services.

Today, VHA's system of 21 Veterans Integrated Service Networks (VISNs) serves more than 8.1 million Veterans who are enrolled in the VHA health care system. Its 152 medical centers, more than 804 Community Based Outpatient Clinics, 133 Community Living Centers, 278 Veterans readjustment counseling centers and 96 domiciliaries are a model for integrated health care. As health care in America advances, VHA is uniquely positioned to be on the cutting edge of improvements.

## **Changing Consumer Expectations**

Health Care Reform has put health care front and center in consumers' minds. The preferences and choices we make are different depending on that perspective. As consumers we evaluate options not so much based on safety and quality, for they are assumed, but rather on service and out of pocket cost. As health care consumers, we are as focused on maintaining wellness as much as having access to medical care. We want to be able to continue to do those things in life that truly matter to us and which bring us satisfaction and enjoyment. Health care consumers are more likely to embrace alternative or natural therapies in holistic ways. Furthermore, they are more likely to want to participate in fitness and wellness programs, particularly if they have a chronic disease.

Americans are becoming increasingly more educated about new treatments and technologies. Internet resources and direct to consumer marketing have made health and health care information easily obtainable. This information shapes expectations and empowers patients, even when it comes from less than credible sources. As VHA began to care for Veterans from both Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF), we quickly realized that their expectations were different than those of Veterans who served in prior conflicts such as World War II. Younger Veterans, in particular, are more accustomed to easy access to information and have come to expect service convenience. This generation is much more likely to want to access services and information on a mobile device.

When Veterans do become ill or injured, they want a system that they can trust to reliably provide all necessary services to restore health and functionality, that are well coordinated, and conveniently available – both in terms of being timely and physically close to home. Younger families are much more likely to access services through “retail” health care storefronts and nontraditional sources. They are willing to travel for unique services that are not available in their local community or on the advice of a personal physician. They want a relationship with a personal clinician, choice in their options for care, and above all else, they want to be treated with respect and dignity.

Our Patient Aligned Care Teams (PACT) will be the patient centered medical home for enrolled Veterans – the hub that can help patients develop personal health goals, connects them to the rest of the system, and that can coordinate services. It will require much more, however, if patients are to have a seamless experience. If we want

patients to have the right care, at the right time, by the right person, and in the right place, we must also align all of our services – specialty care, long-term care, and rehabilitation – around that hub. Specialty services must be available real-time, designed to better serve the needs of patients and support primary care clinicians. VHA must conceive of new platforms for delivering specialty services that are designed to meet the needs of specific patient groups.

### **Health Care Cost Trends**

Health care costs in America are accelerating rapidly. The Centers for Medicare and Medicaid Services (CMS) predicts that national health care expenditures will consume 19.3% of GDP by 2016. One in five families experience financial hardship because of unanticipated medical expenses. The cost of health care is borne by taxpayers and passed on to consumers through higher prices for goods and services. Much of the increase is due to health care cost inflation with two significant associated trends: increased utilization and the rising intensity of health care services. While these factors may improve clinical outcomes, they also increase the cost of providing care. Because payment for delivering services has lagged behind the rising costs, the health care industry has responded in numerous ways. Many organizations have reengineered processes to reduce costs while, at the same time, improving customer service.

VHA's integrated system can contain some of these costs by leveraging acquisitions and contracting, strengthening DoD/VA joint ventures, and expanding telehealth applications. VHA must do much more than this, however, to respond to the financial pressures we are likely to experience in coming years. We must reduce variation in clinical services and our business processes. We must enthusiastically and systematically embrace the system redesign principles that have served us well. Every manager must understand the fundamentals of system redesign and the employment of these tools must be a routine part of our operations management. It is essential that we develop high functioning front-line teams, empower them to continuously improve their work, and ensure they have the information and support to do so.

There is probably no other health care system that has as high an incidence of chronic disease as VHA and that has significant cost implications. It is imperative that we develop processes to better help patients manage those chronic conditions. Registries will help clinical staff take a more proactive approach. Telehealth and mobile

communication strategies can better link clinician and patient – and clinician and clinician – in a web of support. By improving clinical outcomes, we can positively impact quality of life for our patients and reduce the costs of care.

We must also use new strategies to fully engage the Veteran in the management of their own health. The costs of health care are hugely impacted by the lifestyle choices and health behaviors of our patients. Our current system of health care was not designed to engage patients in their care or support them in learning and integrating new health behaviors in their life. To get the costs of health care right, we must get the content of health care right. Delivering a transformed health care model, that has a core competency of fully engaging Veterans in their own health, is absolutely essential.

Finally, the economic realities facing Federal, State, and local government will surely impact VHA in the foreseeable future. CMS will likely continue to modify the structure of Medicare and states will redesign Medicaid payments in an effort to manage costs. Government payers will likely impose further economic pressure on private and public sector health care. Low-income Veterans may find it harder to access previously available health care options. These are often the patients with the most significant health problems, who have often delayed effective treatment for financial reasons. Health Care Reform will bring about changes in both the delivery system and health care financing. VHA must be prepared to excel in a new health care environment.

## **Health Care Reform**

On March 23, 2010, President Obama signed into law the Patient Protection and Affordable Care Act (Public Law 111-148). Among the provisions to take effect over a four-year period are those prohibiting denial of coverage/claims based on pre-existing conditions, expanding Medicaid eligibility, subsidizing insurance premiums, providing incentives for businesses to provide health care benefits, establishing health insurance exchanges, and supporting medical research. In addition, the law authorizes the establishment of a shared savings program known as Accountable Care Organizations, which encourage providers across the continuum of care to work collaboratively to improve quality of care and reduce costs.

Another key provision of the law is that most everyone will be required to have health insurance or pay a tax penalty. This mandate for health insurance has potential strategic implications for VHA, including the extent to which Veterans will continue to

utilize VHA for their health care needs, whether the choices that Veterans family members make will influence where Veterans receive their health care, and the impact of Accountable Care Organizations on VHA.

It is important to note that the VA health care benefit meets the standard as minimum essential benefits under the requirements of the Patient Protection and Affordable Care Act.

### **Changing Veteran Demographics**

The demographics of VHA's enrollee population has changed over the years. Veterans over the age of 65 represent 45% of our enrollee population. At the same time, current conflicts have resulted in an increase in enrollees under the age of 45 and, with more women enlisting in the armed services; female enrollees have become the fastest growing segment of our enrollee population<sup>2</sup>.

A significant portion of the enrollee population is no longer in the labor market, but enrollees who are in the labor market have a higher rate of unemployment than that of the American population at large<sup>3</sup>. It is well known that unemployment often leads to lack of health care insurance and it is not unreasonable to expect that more Veterans will seek care from the VA in the current economic environment.

Although utilization is expected to increase<sup>4</sup>, the need to reduce the federal budget deficit requires VHA to prepare for potential funding limitations while continuing to fulfill its mission. Therefore, it is now more important than ever to enhance cost effectiveness and efficiency.

### **Overseas Contingency Operation Veterans**

Current data trends indicate that newer Veterans will choose VHA as their health care provider. As of September 30, 2010, over one million Operations Enduring Freedom and Operation Iraqi Freedom (OEF/OIF) Veterans were discharged from the military. By Fiscal Year 2031, the cumulative number of these Veterans, referred to as OEF/OIF

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<sup>2</sup> 2010 Survey of Veteran Enrollees' Health and Reliance Upon VA

<sup>3</sup> 2010 Survey of Veteran Enrollees' Health and Reliance Upon VA

<sup>4</sup> FY2011 VA Enrollee Health Care Projection Model (BY10)

and Operation New Dawn (OND) will reach 2.3 million<sup>5</sup>. As troops are drawn down from current conflicts, the number of Veterans eligible for care and benefits from VHA will grow.

### **Veterans Aged 65 and Older**

Vietnam era Veterans, who represent 40% of the Veteran population, are beginning to face changing health risks as they age, increasing their needs for benefits and health care services<sup>6</sup>. In addition, the number of enrolled Veterans 85 or older is projected to increase in the near future and accounts for the highest usage of long-term care services<sup>7</sup>. Though not all aging Veterans will require care, the growth in this population is highly likely to increase the demand for extended care and specialized services.

### **Meeting the Health Care Needs of Women Veterans**

Though the overall population of Veterans has been declining, there continues to be a significant increase in the number of women Veterans. This increase is expected to continue, so VHA must assure that we are able to provide services that meet women's health care needs. In addition to expanding services, we need to afford women privacy and dignity, and create an environment that gives female Veterans a greater sense of security. In short, we need to transform from a health care system for men to a health care system where both men and women feel comfortable receiving care.

### **Rural Health**

Many of our Veterans live in rural areas, which present challenges to providing them health care services. Practitioner shortages are more acute in these very sparsely populated areas. VHA will continue to strengthen access to health care for enrolled Veterans living in rural and highly rural areas through a variety of avenues. These include new rural health outreach and delivery initiatives and expanded use of home-based primary care, mental health, and telehealth services.

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<sup>5</sup> FY2011 VA Enrollee Health Care Projection Model (BY10)

<sup>6</sup> 2010 Survey of Veteran Enrollees' Health and Reliance Upon VA

<sup>7</sup> FY2011 VA Enrollee Health Care Projection Model (BY10)



## **Veteran Homelessness**

Our Nation's Veterans experience higher than average rates of homelessness, depression, substance abuse, and suicides; many also suffer from joblessness. On any given night, there are about 76,000<sup>8</sup> Veterans who live on the streets, representing every war and generation, including those who served in Iraq and Afghanistan. VA's major homeless-specific programs constitute the largest integrated network of homeless treatment and assistance services in the country. These programs provide a continuum of care for homeless Veterans, providing treatment, rehabilitation, and supportive services that assist homeless Veterans in addressing health, mental health, and psychosocial issues. VHA also offers a full range of support necessary to end the cycle of homelessness by providing education, jobs, and health care, in addition to safe housing.

## **Mental Health Care**

More than one-fifth of the Veterans currently seen have a mental health diagnosis. VHA will expand inpatient, residential, and outpatient mental health programs with an emphasis on integrating mental health services with primary and specialty care. Post-traumatic stress disorder (PTSD) is the mental health condition most commonly associated with combat. Treating Veterans who suffer from this debilitating disorder is central to VHA's mission.

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<sup>8</sup> 2009 Veteran Annual Homeless Assessment Report (AHAR)

## **Transforming VHA Health Care**

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*"Patients are in control of their health care and the system is designed around the needs of the patient."*

- Dr. Robert A. Petzel, M.D.  
Under Secretary for Health

Early in his tenure, Dr. Petzel called on the entire VHA organization to "be the change you want to see—seeing, leading and serving in new ways." He challenged senior leadership to transform the organization into one that defined "Excellence in the 21<sup>st</sup> Century." To reach this vision, he recognized that the organization has to:

- Align all the components of VHA—programs, education, finances, and performance management—to a unified, integrated delivery system;
- Reduce variations with VHA systems—structures, business practices, and methods of delivering medical care to patients;
- Build a standardized system throughout VHA; and
- Use data and evidence as agents of change.

VHA has embarked on a significant re-organization and the formulation of a Strategic Plan, "Defining Excellence".

"Defining Excellence", charts the way to achieving VHA's vision:

"...continue to be the benchmark of excellence and value in health care and benefits by providing exemplary services that are both patient-centered and evidence-based. This care will be developed by engaged, collaborative teams in an integrated environment that supports learning, discovery, and continuous improvement. It will emphasize prevention and population health and contribute to the Nation's well being through education, research and service in National emergencies."

Four philosophical pillars are embedded in VHA's vision and support every initiative undertaken: Patient-Centered, Data-Driven, Continuously Improving, and Team-Based.

## **Patient-centered**

### **Principles of Patient-Centered Care**

1. Honor the Veteran's expectation of safe, high-quality, accessible care
2. Enhance the quality of human interaction and therapeutic alliances
3. Solicit and respect Veterans' values, preferences and needs
4. Systematize coordination and continuity of care
5. Empower patients and families through information and education
6. Incorporate the nutritional, cultural and nurturing aspects of food
7. Provide physical comfort and pain management
8. Ensure emotional and spiritual support
9. Encourage the involvement of family and friends
10. Apply architectural and interior design conducive to health and healing
11. Introduce creative arts into the healing environment
12. Support and sustain a satisfied and engaged workforce

*Fundamental to patient-centered care is a cultural transformation based on a true partnership with the Veteran and his/her family and community. This change requires mutually reinforcing behavior change on the part of the Veterans and their health care teams. Change on this scale happens only when the core functions of each department and program office are aligned with intention and design.*

Patient-centered care focuses on the whole person rather than the condition or disease. It establishes a partnership among the primary care team, Veteran patients, and their families or caregivers. This ensures that the Veteran's wants, needs, and preferences are respected and at the center of decision-making. These preferences and goals are well documented, reviewed, and updated regularly with the Veteran patient. Veteran patients will have the information and support required to make decisions and fully participate in the management of their health care. Patient-centered care establishes continuous healing relationships and provides optimal healing environments. The results are better health outcomes, improved quality of care, greater patient satisfaction, and enhanced quality of life.

Patient-centered care is a new approach to health care that is a radical shift from our current system. The medicine of tomorrow moves beyond problem based disease care to patient-centered health care. This approach requires a process that is proactive rather than reactive and engages the patient at the center of their care. There are three key components to this approach to health care: 1) personalized health planning; 2) whole person, integrative strategies; and 3) behavior change and skill building that works.

### **Data-driven**

This holistic health care approach is data-driven and evidence-based. Technology is utilized to collect, analyze, and appraise data to find the best clinical practices, disease prevention applications, patient education and wellness initiatives. The focus is on optimal patient care, with ongoing tracking, monitoring, and measurement of patient performance, and continuing analysis and design of treatment. Information technology also is important in patient education and communication with the current websites, and My HealtheVet. Other information technology initiatives that support rural health and tele-health ensure that optimal healing is supported no matter where a patient seeks care. VHA's electronic medical records (EMR) system is another technological tool that provides the care team with real-time information. This allows Veteran patients to receive appropriate, responsive care at the moment they need it, and for all team members to work at the top of their competencies in an accountable manner to meet the care goals. With the VA's "Excellence in the 21st Century" approach to health care, the EMR will expand to provide even more benefits as transformation initiatives work in concert with other major initiatives. From projects that support health care efficiency, to those that are working to transform health care delivery, and to health informatics, VA health care in the 21st Century is defined as the integration of data, technology, and evidence where performance meets patient needs.

### **Continuously Improving**

VHA ensures continuous improvement through its systematic process for change. The framework includes identification of the areas for change; analysis of the priorities set to achieve the change; involvement from everyone in the process to make the appropriate changes; clear definition of the aim or goal assigned for each task; flow-mapping of the key decision points in the process; factual measurement of test results; and, finally, implementation of changes and practices to ensure their sustainability. The results of

changing the system are streamlining and reducing duplication of services, instituting more coordinated approaches, and improving efficiencies across the entire system.

### **Team-based**

An interdisciplinary team is one that includes the Veteran patient, family or caregiver, the primary care provider, a nurse care manager, clinical and administrative staff, as well as other services, including specialists necessary to meet the health goals and needs of the Veteran patient. While the primary care provider's relationship with the Veteran patient will remain key, the bond will be augmented and strengthened by involving other health care staff as part of the integrated team. Together, the team takes responsibility for the Veteran patient's ongoing care through a cooperative effort among all members. As a member of the team, the Veteran patient is an active participant in decisions while being provided information by the care team and encouraged to exercise ownership of his or her health. The Veteran patient, with support from other members of the team, becomes engaged in his or her health care, ensuring the health care system best serves individual needs. The results are better communication through diverse methods, including visits, group clinics, telephone, Secure Messaging through My HealthVet, and Web access; improved tracking and management of Veteran patients; time savings for Veteran patients and care providers; and more personal attention and increased satisfaction for Veteran patients, and uses information technology to enhance comprehensive care through the use of our electronic medical record capabilities.

## **Strategic Planning Framework**

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### **VHA Strategies and Initiatives**

VHA's "Eight for Excellence" are strategies that have served as the framework for VHA planning for more than five years. In addition to the "Eight for Excellence," seven Major Initiatives/Operating Plans and six Organization Specific Initiatives support both the overall direction of VHA and the drive to transform VHA health care into the organization that defines health care excellence in the 21<sup>st</sup> Century.

### **Eight for Excellence**

In 2005, eight strategies – the "Eight for Excellence" – were established to guide VHA's plan of action for the delivery of services into the future. The "Eight for Excellence" create a strategic planning framework that provides direction for continuously improving VHA's patient-centered, integrated health care system. These eight strategies are aligned with the Department's strategic goals and objectives to ensure VA priorities are addressed. The "Eight for Excellence" are strategies that have stood the test of time in promoting VHA's efforts to be the provider of choice for America's Veterans.

1. Become the national benchmark for quality, safety, and transparency of health care, particularly in those health issues associated with military service.
2. Provide timely and appropriate access to health care and eliminate service disparities.
3. Transform VHA's culture through patient-centered care to continuously improve Veteran and family satisfaction.
4. Ensure an engaged, collaborative, and high-performing workforce to meet the needs of Veterans and their families.
5. Create value by leveraging scale and skill economies to achieve consistency and excellence in business practices.
6. Excel in research and development of evidence-based clinical care and delivery system improvements designed to enhance the health and well-being of Veterans.
7. Promote excellence in the education of the future workforce to drive health care innovation.
8. Promote health within the VA, in local communities, and across the Nation, in collaboration with our academic affiliates, other government agencies and the private sector.

## **Major Initiatives**

The Transformation Initiatives “T21” set forth in the VA Strategic Plan are designed to transform VA for the 21<sup>st</sup> Century. These 16 aspirational initiatives are intended to represent what VA will achieve over the next five years to strengthen its ability to meet the needs of Veterans and their families and improve its services. A list of all 16 VA initiatives can be found in Appendix A.

For each transformation initiative related to health care, VHA has created an operating plan which outlines the goals, means, milestones, and resources required to achieve the initiatives outlined in the VA Strategic Plan. These are the VHA FY2012-2014 Operating Plans.

### **1. Eliminate Veteran Homelessness**

*In partnership with the Department of Housing and Urban Development, 30,000 Housing Choice Vouchers were provided to homeless Veterans for permanent housing. VA provides case management and supportive services to these Veterans as well. In FY 2010, more than 18,000 Veterans were placed in permanent housing and are no longer homeless.*

VA has developed a Plan to End Homelessness that will assist every eligible homeless Veteran willing to accept services. Under this Plan, VA will help Veterans acquire safe housing; needed treatment services; opportunities to return to employment; and benefits assistance. This Plan is intended to end the cycle of homelessness by preventing Veterans and their families from becoming homeless and by assisting those who are homeless to find safe housing as quickly as possible. VA’s “no wrong door” philosophy will ensure that all Veterans seeking to prevent or end their homelessness will have timely access to appropriate programs and services. Homeless Veterans will benefit from the expansion of existing program capacity and treatment services, as well as the implementation of new programs focused on homelessness prevention and increased access to permanent housing with supportive services. The plan is built upon six strategies: Outreach/Education, Treatment, Income/Employment/Benefits, Community Partnerships, Prevention, and Housing/Supportive Services. These six strategies encompass a wide continuum of interventions and services to prevent and end homelessness among Veterans.

Implementation of this initiative is a shared responsibility between VA, VHA, and the Veterans Benefits Administration (VBA). However, VHA serves as the lead integrator. With VHA's effort to expand existing programs and develop new programs and initiatives, VA and VHA are on schedule to eliminate homelessness by FY 2014.

*The Battle Creek VA Medical Center has opened a homeless walk-in clinic. The clinic ensures that homeless Veterans receive help from experts in homeless services and housing resources. A Health Care for Homeless Veterans Outreach Worker is responsible for managing the Homeless Walk-in Clinic 40 hours weekly.*

*A new Homeless Veterans Resource Center in downtown Huntington, W.V., serves 80 – 100 homeless Veterans on a regular basis, providing counseling, job assistance, housing referrals, group educational classes, as well as laundry and shower facilities.*

## **2. Improve Veterans' mental health**

Nearly 31% of the patients VA sees during a given year have a mental health diagnosis; and there are increasing numbers of Veterans who are being diagnosed with both mental health conditions and co-morbid medical problems. As the changing nature of warfare increases the chance for injuries that affect mental health, the diagnosis of post-traumatic stress disorder (PTSD) is increasing. In order to address this challenge and to respond to all the mental health needs of Veterans in an integrated manner, VA has significantly invested in its mental health care workforce, hiring more than 6,000 new mental health care workers since 2005.

To execute the goal of improving Veterans' mental health, VHA must provide Veterans with meaningful choices among effective treatments, balancing biological and biomedical approaches to care with psychological and psychosocial strategies. Knowing that mental health is not only addressed through health care services, VHA must advance public health approaches to connect Veterans with support services in their communities and through technology. VHA must also continue its partnership with the Department of Defense (DoD) to identify and develop the most effective practices for addressing mental health issues associated with military service, and provide the appropriate mental health services throughout the full continuum of service delivery.



*Further expansion and development of the Veterans Suicide Hotline has allowed for about 350 callers a day to access the Hotline. The addition of Veterans Chat expanded the reach of the Suicide Prevention program to our newer Veterans who may choose to communicate via the Internet. Almost 20,000 referrals from callers have been sent to the local suicide prevention coordinators in the first two years of operation. Over 5,000 callers had already begun the act of hurting themselves or were at imminent risk of suicide when they called the hotline and local community rescue services were dispatched to assist them.*

**3. Design a Veteran-centric health care model to help Veterans navigate the health care delivery system and receive coordinated care. (New Models of Health Care)**

Developing a holistic, Veteran-centered system that significantly improves access and coordination of care is instrumental to VHA's mission, vision and core values. Although VHA's efforts to continuously improve the quality and safety of care have greatly advanced health care for Veterans, more work remains to improve the experience Veterans have when accessing VA health care services. This improvement will require VHA to develop new models of health care that educate and empower patients and their families. New Models of Health Care is a portfolio of large initiatives created to achieve these objectives through the transformation of Primary Care, Preventive Care, Specialty Care, the Care of Women Veterans, Telehealth, and Non-Institutional Long Term Care, in addition to the expansion and incorporation of Virtual Medicine Non-Telehealth Modalities of communication.

**Seven sub-initiatives of New Models of Health Care**

- Patient Aligned Care Team (PACT)
- Preventive Care
- Specialty Care
- Women's Health
- Telehealth
- Non-Institutional Long Term Care
- Virtual Medicine Non-Telehealth

The Patient Aligned Care Team (PACT) will be a cornerstone of this effort to prioritize continuity, coordination, and comprehensiveness of care. A well-organized team will take a more holistic and interdisciplinary approach to care, without sacrificing the long-

standing, personal relationship between clinician and patient. Health promotion and disease prevention will be fully integrated into clinical practice. Specialty Care will develop ways to improve access to remote locations through telehealth services, and redesign specialty care so that it is accessible and results in an exceptional patient experience. Women's Health program efforts will create and implement changes that will eliminate disparities and improve access to health services for women. The use of telehealth tools and non-telehealth virtual medicine modalities such as Secure Messaging will rapidly expand, and new programs to maintain long term care patients in non-institutional settings will be implemented. New Models of Health Care will continue to be one of the driving forces in redesigning all future VHA clinical care to be more patient-centered, team-based, and continuously improving.

#### **4. Enhancing the Veteran Experience and Access to Healthcare (EVEAH)**

*The National Caregiver Support Program has successfully expedited implementation of the new Comprehensive Program of Assistance for Family Caregivers Act. A web-based Caregiver Application Tracker (CAT) automated tracking application was designed, developed, and fielded in less than four months. A comprehensive training program to include satellite broadcast, Live Net Meeting, and program specific presentations was concurrently designed, developed, and facilitated by the same collaborating groups. This outstanding achievement has also expanded Veteran and general caregiver awareness of the more than two dozen existing services and resources for caregivers of all era Veterans.*

Access to health care services, benefits, and information is vital to the VA overall mission of providing exceptional health care to Veterans. It is VHA's commitment to provide clinically appropriate quality care for eligible Veterans when they want and need it. It is the goal to provide the care in the right place, at the right time, by the right clinicians, and in the right way. Through this commitment, VHA will embrace health informatics as one strategy to improve communication, where professionals and patients work together as partners facilitated by electronic tools and patient-centered technologies.

It is critical to focus on informing Veterans of the benefits and services for which they may be eligible, and ensure that they understand how to access and apply for these

benefits and services. VHA strives to work collaboratively with DoD to provide a seamless transition for active duty soldiers by creating access to integrated, convenient, and comprehensive Veteran-centered care and benefits that is second to none.

At the core of the **Patient Centered Care (PCC) Culture Transformation** Initiative is an entirely new approach to health care that is a radical shift from our current system. The medicine of tomorrow moves beyond problem based disease care to patient-centered health care. This approach requires a process that is proactive rather than reactive and engages the patient at the center of their care. There are three key components to this approach to health care: personalized health planning; whole person, integrative strategies; and behavior change and skill building that works. This radical departure requires a coherent strategy for change that is aligned and integrated with the resources, capacities, and ongoing initiatives throughout VHA.

This major initiative includes seven sub-initiatives, which jointly contribute to expanding Veterans options and availability of health care services. Through the implementation of these sub-initiatives, Veterans will be able to more easily navigate the system to receive the appropriate services.

#### Seven sub-initiatives of EVEAH

- Patient centered cultural transformation
- Improve access for rural veterans
- Veterans transportation service
- Personalized Patient handbook
- Point of care services (kiosks)
- Provide timely and appropriate access to health care by implementing best practices and continual process improvement (system redesign)
- Health care quality and transparency

#### **5. Perform research and development to enhance the long-term health and well-being of Veterans**

*VA will study an advanced artificial arm that easily allows those with severe limb loss to pick up a key or hold a pencil. This arm is a high-tech example of how VA researchers are continually modernizing the materials, design, and clinical use of artificial limbs to meet Veterans' lifestyle and medical needs.*

Two long-term transformative programs that the Office of Research and Development is undertaking are genomic medicine and point of care research.

Genomic medicine, also referred to as personalized medicine, uses information on a patient's genetic make-up to tailor prevention and treatment for that individual. As genomic techniques improve and become more cost effective, VA must also harness and utilize electronic health records, databases, and other information technologies to improve the speed and quality of scientific discoveries, increase the return on research investment, develop VA expertise, and integrate genetic research data.

Point of care (POC) research is an intermediate strategy between randomized clinical trial (RCT) and observational studies. Veterans are enrolled in comparative research projects at the time they are receiving usual clinical care. They are randomized to POC research at decision points in clinical care where two or more alternative treatments or strategies are considered equivalent. To work optimally, the work flow should be integrated in the electronic health record. This strategy causes minimal disruption of clinical work flow; outcomes and covariates are assessed by automated extraction of data from the medical record. The advantages of POC research are reduced cost compared to an RCT, shorter time, and a measure of effectiveness within the health care system.

#### ***6. Health Care Efficiency: Improve the quality of health care while reducing cost***

Nationally health care costs are accelerating without corresponding evidence of a rise in health care delivery value or quality. Many of the systems in VHA have not been optimized for cost effectiveness due, in part, to local variation in how programs are designed and implemented. Through this initiative we will begin to reduce operational costs and create more streamlined deployment of targeted program areas to enhance program efficiency across VHA. This effort will involve a series of strategies including the standardization of clinical and business practices, a review of the process by which specially funded programs are evaluated for return of investment and benefits realization, consideration of the resources invested in the various organizational oversight programs, and acceleration of ongoing cost-saving initiatives to further maximize organizational efficiencies. We will strive to identify and implement enterprise level innovative processes to reduce or eliminate variation in program delivery models.

As part of the deployment phase of our plan we will leverage existing efficiency efforts underway across the agency to create permanent enterprise level solutions.

## **7. Transform health care delivery through health informatics**

*VA first offered Blue Button downloads through its My HealtheVet website in August, 2010; since then nearly 300,000 Veterans have downloaded their PHR data, including upcoming appointments at a VA Medical Center, medications, allergies, health reminders and, in a recent upgrade, their laboratory results.*

Many of the VA's transformational initiatives depend on enhanced clinical information systems. These new initiatives will shape the future of VHA clinical information systems through application of health IT and informatics to deliver solutions that transform health care delivery to Veterans, and directly improve quality and accessibility, while optimizing value. This will, in turn, facilitate exploring and developing health delivery software solutions that extend the scope of VHA's health information technology.

The Health Informatics Initiative is a foundational component for VHA's transition from a medical model to a patient-centered model of care. It requires cultural, informational, and technological paradigm shifts to implement a sophisticated electronic health management platform that supports cognition, communication, and workflow of patients and clinicians, while also assuring compatibility with other non-VA systems and partners.

The Health Informatics Initiative will use agile development techniques to produce next generation Health Information Technology (HIT) prototypes that support the health care team, Veterans, and their families. The initiative is organized into four work streams that 1) adopt a collaborative HIT development framework, 2) build software prototypes that will allow modernization of the Electronic Health Record (EHR), 3) create informatics and analytics capacities in the VA workforce, and 4) drive communication and change.

*The PTSD Coach smartphone application, launched in April by VA and the Department of Defense, has already helped more than 5,000 users connect with important mental health information and resources. PTSD Coach has been downloaded by thousands of individuals. It lets users track their PTSD symptoms, links them with public and personalized sources of support, provides*

*accurate information about PTSD, and teaches helpful strategies for managing PTSD symptoms on the go.*

## **VHA Organization-Specific Initiatives**

In addition to the seven VA Major Initiatives being implemented by VHA, six organizational specific initiatives (OSIs) have been identified. The OSIs relate directly to improving health care delivery and align with both the VA Strategic Goals and the strategies in the Eight for Excellence.

### **1. Decrease Health Care Associated Complications**

*A VA initiative that reduced the global health care issue of methicillin-resistant Staphylococcus aureus (MRSA) infections by more than 60 percent in intensive care units across the Nation was featured in a recent issue of the New England Journal of Medicine. The article reviews a bundle of four infection control practices that marked a dramatic improvement in preventing hospital-acquired MRSA infections. The infection-control strategy also involved creating a culture that promotes infection prevention and control as everyone's responsibility. MRSA infections are a serious global health care issue and are difficult to treat because the bacterium is often resistant to many antibiotics.*

This multi-year initiative will first reduce hospital acquired infections, and then broaden to other health care associated complications. This initiative is part of an industry-wide emerging consensus around serious trackable and preventable complications. VHA will leverage the methicillin-resistant staphylococcus aureus (MRSA) initiative methodology and broaden the focus to include all health care associated infections.

The health care associated infections (HAI) prevention initiative will reduce injury to Veterans during hospital stays from health care associated infections by creating a system that consistently and effectively: (1) implements evidence based practices and monitors compliance to these practices; (2) tracks infection rates for trending; (3) supports a learning culture around HAI within the VA, and (4) builds successful teams across disciplines.

The core concepts of learning, team building, monitoring, validating, and reporting will be universally applied to the plans to decrease health care associated complications



carried out in subsequent years. VHA will continue education and monitoring associated with the identified prevention initiative including data validation pertinent to the preventive initiative, update tools for use by the field, monitor compliance to best practices, and explore the collection of new data elements to increase the ability to identify more specific trends and provide mentoring to underperforming sites.

## ***2. Sterile Processing and Distribution (SPD) Action Plan (ISO-9001)***

Business and health care delivery systems will be improved with the introduction and sustainment of International Organization for Standardization (ISO 9001:2008) standards. The Office of Clinical Consultation and Compliance (OCCC) is charged with the implementation of educational and consultative resources required for deployment of ISO 9001:2008 standards beginning with the service line of Sterile Processing and Distribution/Reusable Medical Equipment (SPD/RME) by July 2012. The purpose of implementing ISO 9001:2008 in SPD/RME is to provide a framework in which each VHA facility's SPD/RME department with Nurse Executive leadership can execute, document, and sustain strong, consistent, quality management systems to reduce or eliminate the variation in care processes to Veterans supported by the local SPD/RME departments. The short term mission of the implementation of an ISO 9001:2008 quality management system (QMS) is to improve the reliability and consistency of readiness for reprocessed equipment from the initial prep of equipment through final processing. The long term mission is to implement an ISO 9001:2008 QMS across other applicable clinical lines to ensure consistent Veteran-centered, quality care for all Veterans at all medical centers.

The OCCC will establish ISO 9001:2008 standards deployment and sustainment within SPD/RME through the use of education, an integrated Business Operating System (iBOS), Informatics, and operational support. It will be deployed in three phases. The OCCC will design and provide an ISO 9001:2008 QMS to each medical center SPD/RME area. The OCCC will further provide the education foundation and support to each site for tailoring of the basic QMS to site-specific needs. Additionally, an internal assessment (audit) tool will be designed for and provided to each site for use as a gap analysis evaluation.

**3. Strengthen VHA emergency preparedness training and response including collaborations with communities and other organizations**

*The VHA Office of Emergency Management this year sponsored the 3<sup>rd</sup> Annual National Field Deployment Training Event. The goal of this event is to enhance VHA's ability to support the National Response Framework and the federal interagency health and medical services as well as internal VA emergencies by strengthening the skills and expertise of VHA's all-volunteer response force. Approximately 300 staff from each of the three National Emergency Medical Response Teams and the Disaster Emergency Medical Preparedness System used an actual State emergency medical needs shelter to practice activating and operating a Federal Medical Station.*

The strategic goal of this VHA OSI is to ensure the readiness of the VHA: (1) to provide for the health and safety of its patients, employees, and visitors, (2) provide for continuity of operations, (3) be able to surge to increase capacity of the health care system, and (4) be prepared to respond to the needs of the Nation in any emergency or disaster.

VHA will achieve this by educating, training, exercising, and evaluating VHA's National Emergency Medical Response Teams. As the result of an Executive Decision Memorandum, VHA will develop and maintain the readiness of up to four National Emergency Medical Response Teams that can support internal VA requirements or external requests for support in the event of a major emergency or disaster.

Furthermore, VHA will conduct studies and analyses of the VHA Comprehensive Emergency Management Program (CEMP) and Performance Improvement Program. The VHA Office of Emergency Management (VHA OEM) is the program office for VHA's CEMP and requires support from an independent, third-party to assess the readiness of VA Medical Centers, Veteran Integrated Service Networks (VISNs), and VHA Central Office for major emergencies and disasters and to provide support for system-wide performance improvement activities.



**4. Promote excellence in the education of future health care professionals and enhance VHA partnerships with affiliates**

*The program that trains selected VA critical care nurses to become Certified Registered Nurse Anesthetists has been ranked #1 by U.S. News and World Report. The U.S. Army Graduate Program in Anesthesia Nursing, located at Fort Sam Houston, Texas, is one of 111 programs in the country that educate nurse anesthetists. Selected VA critical care nurses have been receiving their anesthesia training there for seven years.*

VHA's Office of Academic Affiliations oversees the Department's statutory mission "to train health care professionals for VA and the Nation." Each year VHA trains nearly 115,000 future health professionals who participate in caring for our Nation's Veterans. The Office of Academic Affiliations ensures that VHA's health professions training programs are aligned with VHA clinical workforce needs and that these clinical trainees are both prepared and eager to work for VHA after their training experience. Thus, the Office of Academic Affiliations works to maximize health professions trainee learning experiences in order to prepare trainees for inter-professional, team-based, patient-centered, and evidence-based care.

Over ninety percent of VHA's health professional training programs are conducted in collaboration with the Nation's medical schools and academic institutions of higher learning. The Office of Academic Affiliations works to enhance these critical partnerships through proactive communication, collaboration on programs of mutual interest, and by identifying and reducing administrative burdens that impede these relationships. In addition to providing VHA with clinical trainees in multiple disciplines and specialties, academic affiliations provide VHA with an invaluable edge in recruiting and retaining the highest quality clinical, teaching, and research professional staff.

**5. Ensure a qualified and engaged workforce**

Workforce Management & Consulting Office (WMC):

Workforce Management & Consulting Office (WMC) designs and delivers systems, infrastructure, and programs that enable VHA to deliver premier health care services through a motivated, highly qualified, and engaged workforce. WMC's mission is to provide consultation and operational guidance to the VHA community to ensure an

engaged and high-performing workforce to care for Veterans and their families. WMC provides a leadership role in Human Resource (HR) advisory services to senior level executives and field HR offices and serves as VA technical experts and leaders for Title 38 legislative, policy, and advisory matters. WMC is committed to using best practices *and innovation* in the delivery of services to uphold the rich tradition of providing health care and other benefits to the Veteran heroes who have secured our freedom.

*VHA's Health care Recruitment and Retention Office (HRRO) recently received a prestigious 2011 Gold Aster Award for their commercial series "Today's VA." The commercial series was developed in collaboration with JWT INSIDE, a recruitment advertising and employment communications agency. Launched on Veterans Day, November 11, 2009, the series encourages medical professionals to consider a career with VA.*

National Center for Organization Development (NCOD):

Organizational Health of VHA is of utmost importance. Without a healthy work place we are unable to provide the care our Veterans deserve. The VHA National Center for Organization Development (NCOD) designs and delivers systems and programs that enable VHA to deliver premier health care services through a motivated, highly qualified, and engaged workforce.

The VA All Employee Survey (AES) is designed to collect information on employees' perceptions of the work place and satisfaction at work. The AES is part of an ongoing effort to assess employees' satisfaction, to eliminate barriers to employees' effectiveness, and to make VA an employer of choice for our employees. Leadership can use the AES to identify areas of best practice and areas of concern within their organization since all organizations are mapped to the workgroup level.

*Civility, Respect, and Engagement in the Workplace (CREW)* is a VA-wide culture change initiative. The goal of CREW is to improve the work climate through more civil and respectful interactions. Trained facilitators meet regularly with identified groups for approximately six months with the intent to give the group the necessary time to focus on creating a respectful and civil work environment. CREW can be an effective intervention tool for executive leadership in assessing and intervening in the culture of the organization.

Highly successful teams share core attributes that when present create an environment where all employees can reach their potential, effectively manage change, and enhance the overall Veteran experience. Teams at all supervisory levels can assess their own effectiveness to illustrate the importance of relationship and function elements in building effective, engaged teams. Teams complete a *VHA Team Effectiveness Assessment* and then discuss their team results to interpret their team's data and develop action plans. Teams use the plans to proactively to build both relationship and function elements. This is often done not as a one-time event but as an ongoing process with professional consultation.

The *VHA 360 Degree Assessment* is an instrument that allows participants to seek feedback from persons with whom they work. The employee may choose respondents including bosses, supervisors, manager, customers, peers, staff, direct reports and subordinates. The employee then gets a feedback report in which the gaps between actual and preferred behaviors are highlighted. The gaps can help the employee focus on improvement or development targets.

NCOD is contacted by VHA leadership to provide onsite, consultative services to various organizational units. NCOD conducts intensive *workplace interventions* at all levels of the organizations.

Additionally, NCOD conducts *management and research studies* which directly support organizational health, the design of the efforts detailed above, and the responsive development of future initiatives.

#### VHA Employee Education System (EES):

The VHA Employee Education System (EES) provides employee training programs, products, and services that are aligned with and support VA and VHA's strategic goals, objectives, strategies, initiatives and performance measures. The EES mission is to provide dynamic learning to develop a high-performance VHA workforce. EES is VHA's national provider of accredited continuing clinical education offering 11 national and 2 state accreditations. Accreditation standards are used in program design to ensure the highest quality and education program excellence.

EES partners with clients in VHA's program offices, Veterans Integrated Service Networks and facilities to provide quality education and training that facilitates

excellence in health care for our Nation's Veterans. EES is leading the cultural transformation of VHA into a Learning Organization of Excellence for the 21st Century. As a Learning Organization, VHA links learning and organizational health to employee engagement, patient satisfaction and health care outcomes. EES also coordinates interagency sharing of learning resources that produce significant cost avoidance and that benefit learners in VA/VHA and at a number of other Federal agencies.

Through use of sound educational design, EES delivers education in the appropriate mix of modalities to meet the preferred learning styles of VHA employees. In addition to traditional approaches, EES employs contemporary and emerging technologies that meet the learning needs of a highly skilled and mobile workforce. Learning takes place in a number of settings and formats; opportunities include video, web-based training and face-to-face or virtual conferences. On the cutting edge of adult learning, EES is innovating curricula and training that utilizes clinical simulation training and social media to increase the effectiveness, efficiency and clinical outcomes of the "classroom" experience.

#### ***6. Deploy best practices in financial and business processes***

In an effort to optimize revenue, the VHA examined several private sector health care systems. The top-tier performers all exhibited the following characteristics: centralized span of control over regionalized processing centers, utilization of industry best practices, intensive training and staff development, and extensive use of metrics to measure performance.

Under the Consolidated Patient Account Centers (CPAC) business model, each VA Medical Center maintains ownership of key Veteran-facing revenue functions including: eligibility determination, registration, insurance identification, and customer service. Responsibility for remaining revenue cycle processes, such as insurance verification, utilization review, billing, accounts receivable, and cash management, are transferred to the CPAC and are provided by a combination of CPAC employees at both the medical center and at the consolidated center. The Veterans' Mental Health and Other Improvements Act (PL 110-387) signed in October 2008 mandates national implementation of the CPAC business model within VHA.

## **Conclusion**

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### **VHA: Defining Excellence**

Through a series of major changes over the past two decades, the Veterans Health Administration has become a nationally acclaimed health care provider. Recognized for an outstanding electronic health record, quality patient care, leading edge research and unparalleled contributions to medical, nursing and allied health education, VHA has been described as providing the “best care anywhere.”

Today VHA stands on the threshold of a new era in American health care. The convergence of consumerism, the requirements of health care reform set for in the Patient Protection and Affordable Care Act, the volatile economy and federal and state budget challenges create strategic drivers for the next wave of major changes.

VHA is well positioned for the challenges and opportunities on the horizon in American health care. Beyond securing a position as the Veterans health care provider of choice, VHA can help to define excellence for the Nation’s health care delivery system.

## **Appendix A**

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### **16 Major Initiatives for the VA Strategic Plan FY 2011-2015**

Eliminate Veteran Homelessness

Enable 21st Century Benefits Delivery and Services

Automate GI Bill Benefits

Create Virtual Lifetime Electronic Records by 2012

Improve Veterans' Mental Health

Build VRM Capability to Enable Convenient, Seamless Interactions

Design a Veteran-Centric Health Care Model to Help Veterans Navigate the Health Care Delivery System and Receive Coordinated Care

Enhance the Veteran Experience and Access to Healthcare

Ensure Preparedness to Meet Emergent National Needs

Develop Capabilities and Enabling Systems to Drive Performance and Outcomes

Establish Strong VA Management Infrastructure and Integrated Operating Model

Transform Human Capital Management

Perform Research and Development to Enhance the Long-Term Health and Well-Being of Veterans

Optimize the Utilization of VA's Capital Portfolio by Implementing and Executing the Strategic Capital Investment Planning (SCIP) Process

Health Care Efficiency: Improve the Quality of Health Care While Reducing Cost

Transform Health Care Delivery Through Health Informatics